STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS FOR PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) IN MONMOUTH AND PASSAIC COUNTIES

July 19, 2012

Lynn A. Kovich, Assistant Commissioner Division of Mental Health and Addiction Services

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STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MENTAL HEALTH & ADDICTION SERVICES REQUEST FOR PROPOSALS

Projects for Assistance in Transition from Homelessness (PATH)

I. INTRODUCTION

The Division of Mental Health and Addiction Services (DMHAS) is seeking separate proposals for Projects of Assistance in Transition from Homelessness (PATH) in Monmouth and Passaic Counties. In 2011, the number of homeless individuals with serious mental illness in Monmouth County was estimated to be 428; in Passaic County the estimate was 769 individuals. PATH services would maintain the delivery of mental health and related supportive services through street outreach and case management service delivery to homeless populations in both counties.

The objectives of the PATH program include but are not limited to:

- A. Increasing the number of homeless persons contacted through street outreach.
- B. Increasing the percentage of those contacted through street outreach who accept PATH services.
- C. Increasing the percentage of enrolled PATH consumers who are linked to community mental health treatment services.

II. BACKGROUND

Projects for Assistance in Transition from Homelessness (PATH) program was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645. In 1991, Federal PATH funds were allocated in the form of block grants to provide financial assistance to the States to support services for individuals who are suffering from serious mental illness or serious mental illness and co-occurring substance use disorder; and are homeless or at imminent risk of becoming homeless. The program funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

PATH is administered by the Center for Mental Health Services (CMHS) Homeless Programs Branch, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services, in accordance with the Public Health Service Act, Title V, Part C, Section 521, as amended, 42 U.S.C 290cc-21 et seq;. PATH allocations are made annually on a formula grant basis to States, based on the number of individuals residing in urbanized areas in the State as a percentage of the total United States population in urban areas. The New Jersey State PATH program is then administered by DMHAS to contracted service providers within each of the 21 counties.

The goal of the PATH program is to provide outreach, case management and other services that will enable adults, ages 18 and over, who are homeless or at imminent risk of homelessness and have a serious mental illness, to engage in mental health treatment to improve their mental health functioning.

III. PURPOSE OF REQUEST

DMHAS is seeking separate proposals to provide PATH services in Passaic and Monmouth Counties. The target population is adults with serious and persistent mental illness that are homeless or on the verge of homelessness – who are *not* already engaged in the mental health system. PATH programs should serve as the front door to services developed through the Continuum of Care process and to mainstream mental health, primary healthcare, and substance abuse service systems. Providers are required to serve a high percentage of <u>literally</u> homeless persons (a person who lacks housing, is living in a place not meant for human habitation, or is in an emergency shelter) and to actively participate in the Continuum of Care process through the local County Emergency Assessment System (CEAS) committee, as well as provide outcome and performance data through the Homeless Management Information System (HMIS).

The awarded PATH projects must at a minimum meet the following contracted outcome measures:

- Enrollment of 55% of eligible persons outreached
- Successful linkage of 50% of enrolled persons to Community Mental Health Services
- Fulfillment of 90% of contracted commitments for face to face units of service to refer and link individuals to income benefits, temporary and permanent housing, primary health and dental services, habilitation/vocational/educational services, and drug and alcohol treatment services.

These outcome measures must be formalized and conducted as part of the agency Performance Improvement activities. Regular evaluation of program level of service data reported in Foothold AWARDS Homeless Management Information System (HMIS) must be formalized and conducted as part of the agency Quality Assurance Procedures to ensure accuracy of program Quarterly Contracted Monitoring Reports and Annual Survey Reports. (Please note that funding will be provided to access, maintain, and train staff in the use of the HMIS system.)

Services that may be supported under this proposal include the following:

❖ Outreach: - The processes involved in bringing into treatment individuals who do not access traditional services. Effective outreach utilizes strategies aimed at engaging persons to participate in the needed array of services. Outreach involves identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are homeless and have mental illnesses. Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other nontraditional settings. In active outreach, workers seek out homeless individuals. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods. Outreach may also include "in-reach", defined as when outreach staff is placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

- ❖ Screening & Diagnostic Services: A continuum of assessment services that ranges from brief eligibility screening and Risk of Hospitalization Assessment to comprehensive clinical assessment.
- ❖ Habilitation & Rehabilitation Services Community based treatment and education services designed to promote maximum functioning, a sense of wellbeing, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring (mental illness and substance use) disorders. This would include linkage to Work-First programs, Supported Employment, or other vocational and educational services.
- ❖ Community Mental Health Services Community based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. (This general category does not include case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document.) These services include counseling, Outpatient Services, Partial Care, Intensive Family Support Services, Medication Monitoring, Co-occurring Mental Health and Substance Use Treatment Services, etc.
- ❖ Alcohol and Drug Treatment Services Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.
- ❖ Staff Training: Materials, packages or programs designed and provided by the PATH provider, to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.
- ❖ Case Management Services Coordination of evaluation, treatment, housing, and/or care of consumers, tailored to individual needs and preferences. Case Managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services and linkage and referral to mental health services, substance use treatment, medical services, dental services, food, clothing, emergency shelter, permanent and other relevant housing and support services, etc.
- Supportive & Supervisory Services in a Residential Setting: Services provided in residential settings that are designed to support individuals during their transition into mainstream services. It is recommended that these services be provided for a maximum of six months. A longer period may be provided as long as the need is clearly documented in the consumer's record.
- ❖ Housing Services: Specialized services designed to increase access to and maintenance of stable housing for PATH enrolled individuals who have significant or unusual barriers to getting or keeping housing. These services are distinct from and not part of PATH funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.
 - o **Minor Renovation:** Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

- Planning of Housing: Activities related to the analysis and formulation of a detailed set of
 action steps, timelines, and resources necessary to create or expand housing for the target
 population.
- Technical Assistance in Applying for Housing Services: Targeted training, guidance, information sharing, and assistance to, or on behalf of, individuals enrolled in PATH who encounter complex access issues related to housing.
- o **Improving the Coordination of Housing Services:** The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
- Security Deposits: Provision of funds for individuals enrolled in PATH who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move into the residence. Up to 20% of the agency PATH budget can be used for security deposits, repair, expansion and one-time rental payments to prevent eviction.
- Costs associated with matching eligible homeless individuals with appropriate housing situations: Expenditures made on behalf of individuals enrolled in PATH to meet the costs, other than security deposits and onetime rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.
- Onetime rental payments to prevent eviction: Onetime rental payments are made for individuals enrolled in PATH who cannot afford to make the payments themselves, who are at risk of eviction without assistance and who qualify for this service on the basis of income or need.
- ❖ Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services: Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

IV. TARGET POPULATION

Per the Public Health Services Act SEC. 522[290CC-22] (a), the target population includes individuals who:

- A. Are suffering from serious mental illness, or are suffering from serious mental illness and from substance abuse and
- B. Are homeless or at imminent risk of becoming homeless.

The term "homeless individual" is defined as follows: an individual (without regard to whether the individual is a member of a family) living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where he/she was admitted from homelessness and temporarily resided for up to 90 days.

The term "at risk of homelessness" refers to an adult who is losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lacks resources or support networks to remain in housing.

V. FUNDING, CLUSTERING AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE

Up to \$202,585 annually will be available to support the Monmouth County program awarded under this RFP. Up to \$367,397 will be available to support the Passaic County program awarded under this RFP. Agencies will be expected to maximize third party revenues wherever available. All final awards will be made on an annual basis in the form of purchase of service contracts.

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, at its sole discretion, that the program is stable in terms of service provision, expenditures, and, as applicable, revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or termination of contract.

VI. CRITERIA FOR PROPOSALS

It is expected that agencies whose proposals are developed under this initiative will require intensive systems coordination with multiple entities. Applicants must demonstrate their ability to identify and engage eligible adults through proactive and county-wide outreach and collaboration with an array of community providers and resources. Applicants must also demonstrate their ability to directly provide (or link consumers with) the community based mental health and supportive services being proposed, while assuring the availability of other necessary services through affiliation or coordination agreements that would facilitate linkages. Affiliating parties may include, but are not limited to:

- Peer Support Organizations/Provider Programs
- Housing Providers (emergency shelter, transitional housing, supportive housing, public housing authorities and/or private landlords)
- Substance Abuse Treatment Service Providers
- Local Hospital Emergency Services
- Local Jails/Police/Transit Authorities
- County Emergency Service Providers
- Non-Mental Health Homeless Outreach Service Providers
- Other Homeless Service Providers
- Non-Profit Service Providers and Faith Based Service Providers

- County Hospitals
- Soup Kitchens
- County Board of Social Services/Social Security Administration/Veteran Services

Priority consideration will be given to providers with a demonstrated history of successful experience in serving the target population, including homeless veterans, through outreach and the direct provision of or linkage to community mental health treatment and housing services. Proposals offering outreach services to street and sheltered homeless persons outside of normal working hours will be given priority consideration, as well.

All proposals must meet the following criteria:

- A. Funding Application Cover Sheet. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package (including any cover letter). (Attachment A)
- B. Briefly (up to one half page) describe the provider agency, current clientele and services offered.
- C. Indicate the total number of individuals to be outreached, including the percentage expected to be "literally" homeless;
- D. Indicate the number of outreached individuals who will agree to allow the program to provide interventions (become enrolled);
- E. Describe the proposed outreach process including outreach locations and proposed schedule for outreach to those locations.
- F. Describe other anticipated referral sources
- G. Provide your proposed admission criteria (inclusionary and exclusionary if applicable).
- H. Describe the demographics of the population within the service area and how you will ensure linguistic and cultural competence in the services provided.
- I. Provide a comprehensive description of the approach and activities anticipated in order to meet the "Purpose of this Request" outlined in Section III of this RFP.
- J. Identify any Evidence Based Practices (EBP) the agency will utilize in providing services (IMR, WRAP, Universal Screening for Addictions, etc.)
- K. Provide a brief description of partnerships with local community organizations that provide key services (identified in section I. C. above) to PATH eligible persons and describe coordination of activities with those organizations.
- L. Provide brief job descriptions and staff qualifications for any new positions to be developed. (Attachments to the proposal will not be reviewed/scored).
- M. Provide a workweek schedule for PATH program staff.

- N. Describe a specific, time-framed process for implementation. (Please note the Monmouth County PATH team will need to take over the current PATH caseload effective 11/1/12).
- O. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the "enrolled" consumer, during the phase-in period and annually thereafter.
- P. Provide statement of agreement to comply with New Jersey State PATH guidelines and Federal PATH guidelines, funding restrictions, annual application and reporting requirements, as required by the Public Health Service Act, Title V, Part C, Section 521, et sec.
- Q. Provide statement of agreement to enter all PATH program outreach, consumer information, level of service delivery data and contracted service information required for state and/or federal reporting into the Foothold AWARDS Homeless Management Information System (HMIS).
- R. Provide statement of agreement assuring program staff attendance and participation in program mandated trainings (including but not limited to HMIS).
- S. Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.
- T. Provide statement of Assurances signed by Chief Executive Officer (Attachment C)
- U. Provide signed Debarment Certification (Attachment D)
- V. Applicants who do not currently contract with the DMHAS must also include the following:
 - 1. Organization history including mission, and goals.
 - 2. Overview of agency services.
 - 3. Documentation of incorporation status.
 - 4. Agency organization chart.
 - 5. Agency code of ethics and /or conflict of interest policy.
 - 6. Most recent agency audit.
 - 7. Listing of current Board of Directors, officers and terms of each.
 - 8. Documentation that agency meets qualifying requirements for DHS program contract.
 - 9. Current Agency Licensure/Accreditation Status

VII. BUDGET REQUIREMENTS

- A. Provide a detailed budget using the Annex B categories for expenses and revenues, utilizing the Excel template which will be e-mailed based on the attendance list from the Bidders Conference. The budget must be presented in three clearly labeled separate columns:
 - 1. One to show the full annualized operating costs excluding one-time costs;
 - 2. One to show only the one-time costs; and

- 3. One to show the phase-in amount excluding one-time costs.
- B. Phase-in budget figures must be based on the date that the applicant proposes to commence operations until such time as services and placements are fully phased-in, irrespective of the applicant's contract year.
- C. Both phase-in and annualized budgets must project revenues (if applicable) and explain assumptions of the methodology used to determine projections. Applicants that are eligible to bill Medicaid for case management services are expected to do so, and should show projected Medicaid revenue in their proposed budget. In addition, both phase-in and annualized budget must include \$750 for HMIS licensing purposes.
- D. All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: http://www.state.nj.us/humanservices/ocpm/home/resources/. The Contracting Manuals' link is available from the webpage sidebar.
- E. Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Please provide budget notes as such notes would assist the reviewers. Enter notes, to the maximum extent possible, on the budget template file itself.
- F. Include name and addresses of any organization providing support other than third party payers.
- G. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
- H. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
- I. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.
- J. If applicable, General & Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, applicants that currently contract with DMHAS should limit your G & A expense projection to "new" G & A only.

VIII. PROVIDER QUALIFICATIONS

A. The applicant must be a fiscally viable for-profit or non-profit organization or government entity and document demonstrable experience in successfully providing mental health support, or housing services for adults with serious and persistent mental illness.

- B. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501 (c) (3) regulations, as applicable.
- C. The applicant must demonstrate the ability to comply with all rules and regulations for any DMHAS program element of service proposed by the applicant.
- D. The applicant must be a government entity or a corporation duly registered to conduct business in the State of New Jersey.
- E. The applicant must comply with, the terms and conditions of the Department of Human Services contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).
- F. Any fiscally viable corporation, as noted above, which meets the qualifications of the Department of Human Services' <u>Contract Policy and Information Manual</u>, N.J.A.C. 10:3, may apply. A copy of this manual can be accessed from the webpage of the Office of Contract Policy and Management webpage at: http://www.state.nj.us/humanservices/ocpm/home/resources/.

Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

IX. MANDATORY BIDDERS CONFERENCE

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders Conference. Proposals submitted by an applicant not in attendance will not be considered. Agencies intending to submit proposals are asked to confirm their attendance with Diana Gittens, Office of Treatment and Recovery Services at 609-777-0708, no later than two days prior to the Bidders Conference.

The Bidders Conference will be held at the following time and place:

Date: July 26, 2012 Time: 10AM - 12PM

Location: Department and Human Services

222 S. Warren Street

First floor Conference Room A

Trenton, NJ 08625

X. PROPOSAL FORMAT AND REQUIRED CONTENTS

Proposals must be no more than **15 pages**, excluding cover sheet, budget and letters of support/agreement. Proposals should not be printed in **font size** less than **12**, and **should not be bound** so as to preclude easy duplication. Pages must be **clearly numbered** and include the

information listed in Section VI. All proposals should begin with the cover sheet which is appended to this document.

XI. SUBMISSION OF PROPOSALS

All proposals are due to Cathy Boland at the Division of Mental Health and Addiction Services Central Office no later than 4PM on August 23, 2012. Submit your proposal in a single file PDF format via email to Cathy.Boland@dhs.state.nj.us. Multiple PDF attachments and emails will not be accepted. Your email "subject" MUST include your agency name. Submit the budget template file in excel (not PDF) email attachment addressed to Elaine.Welsh@dhs.state.nj.us with a copy to Joel.Boehmler@dhs.state.nj.us. Additionally, six hardcopies of the proposal narrative and budget, one with an original signature, must be submitted to the attention of Cathy Boland no later than 4PM on August 23, 2012.

The complete address for Cathy Boland at the Division of Mental Health and Addiction Services will be provided to respondents at the mandatory bidders conference.

Finally, four copies and an electronic single file PDF format must also be submitted by the same deadline to the County Mental Health Administrators(s) for the counties in which the proposal is to be developed. Please refer to the following web link regarding contact information for the respective Mental Health Administrators:

http://www.state.nj.us/humanservices/dmhs/services/admin/

XII. REVIEW OF PROPOSALS AND NOTIFICATION OF DECISIONS

There will be a review of all timely submitted proposals that meet all the requirements outlined in this RFP. DMHAS will convene a review committee to review and score proposals submitted in response to this RFP. This review committee will consist of State of New Jersey employees, including staff from the DMHAS Regional Offices and DMHAS Central Office. Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process.

Recommendations from the County Mental Health Boards should be submitted to ensure they are an integral part of the proposal evaluation process. Recommendations from the County Mental Health Boards should be submitted to Cathy.Boland@dhs.state.nj.us no later than September 18, 2012.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHAS will notify all applicants of preliminary award decisions no later than September 28, 2012.

XIII. APPEALS OF THE AWARD DECISION

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS no later than October 5, 2012 at the address to be provided at the mandatory bidders conference. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
Complete address to be provided at the mandatory bidders conference.

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for the purposes of DMHAS contract funding.

The DMHAS will review the appeal and render final funding decisions by October 12, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

Attachment A

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Date	Received	

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

(Supportive Housing Services for Persons Discharged from State Psychiatric Hospitals)

Cover Sheet (please place on top of submitted proposal)

Proposal Summary Information	
Incorporated Name of Applicant:	
Туре:	
Public Profit Non-Profit	, or Hospital-Based
Federal ID Number:	Charities Reg. Number
Address of Applicant:	
Address of Service(s):	
	Phone No.:
	Fiscal Year End:
Total Match Required:	Match Secured: Yes No
Funding Period: From	to
Total number of unduplicated clients to be	served:
County where housing and services are to	be provided
Total number of new beds to be made avai	ilable
Authorization: Chief Executive Officer:	(Please print)
Signature:	Date:

Attachment B

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the
 institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State
 share of project costs, as appropriate) to ensure proper planning, management and completion of the
 project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and
 the right to examine all records, books, papers, or documents related to the award; and will establish a
 proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give
 proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to
 demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes
 or presents the appearance of personal or organizational conflict of interest, or personal gain. This means
 that the applicant did not have any involvement in the preparation of the RLI, including development of
 specifications, requirements, statement of works, or the evaluation of the RLI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State
 Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or
 voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization	Signature: Chief Executive Officer or Equivalen	
Date	Typed Name and Title	
6/97		

Attachment D

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

- 1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
- 2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative						
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Signature	Date					

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.